

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038952

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 721

OCT 24 1963

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		Length of stay in 1b 32 hrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Mo. Medical Center		d. STREET ADDRESS (If outside, give location) Route 5	
3. NAME OF DECEASED (Type or print) First Middle Last Clarence Henry Whitton		4. DATE OF DEATH Month Day Year 10 19 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/11/91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	
13a. FATHER'S NAME William F. Whitton		13b. MOTHER'S MAIDEN NAME Kathryn Cleaton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [Redacted]	
17. INFORMANT University of Mo. Medical Records		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septic Shock		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Septicemia		24 hrs.	
DUE TO (c) Splenic Abscess		?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct. 17, 1963, to Oct. 19, 1963, and last saw him alive on Oct. 18, 1963. Death occurred at 12:43 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Gilbert Ross Jr. MD		22b. ADDRESS Columbia Mo. U. Mo. Med CTR	
22c. DATE SIGNED Oct 19, 1963			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/21/1963	23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery	
23d. LOCATION (City, town, or county) Kirksville, Mo.			
24. FUNERAL DIRECTOR Lyman Sprinkle Columbia, Mo.		25. DATE RECD. BY LOCAL REG. Oct 20 1963	
26. REGISTRAR'S SIGNATURE Mrs R.E. Palmex			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lynnette Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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-P100

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